

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/599,593
Filing Date	October 2, 2006
First Named Inventor	Nikil Dutt
Art Unit	2193
Examiner Name	Jue S. Wang
Attorney Docket Number	703538.4054

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 34313

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                        | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                   | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                        | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6). Please explain below: |   |

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Client requested termination of all legal services (attached is the request letter).

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:

**OR**

B. ☒ Inventor or  
Assignee name THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Address

1111 Franklin Street, 5th Floor

City Oakland	State California	Zip 94607	Country United States
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Mark J. Shean/
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Name Mark J. Shean	Registration No. 54441
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Address 2050 Main Street, Suite 1100

City Irvine	State California	Zip 92614-8255	Country United States
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Date April 16, 2012	Telephone No. 949-567-6700
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**NOTE: Withdrawal is effective when approved rather than when received.**

[Page 2 of 2]

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Fax: (510) 587-6090

March 28, 2012

## URGENT – VIA EMAIL

Mark Wine, Esq.  
Victor Santos, Esq.  
Orrick, Herrington & Sutcliffe  
2050 Main Street, Suite 1100  
Irvine, Ca 92614

Re: Request to Transfer U.S. & Foreign Files For The Regents of the University of California, Irvine  
(Client No. 703538) Patent prosecution files as noted on attached Matter List;  
and any related miscellaneous files

Dear Mark & Victor:

This letter authorizes you to transfer UC cases listed in Attachments A, B, & C to Mark Stirrat, Esq. Please forward the referenced files and all related files to:

Mark Stirrat, Esq.  
Dickstein Shapiro  
2030 Main Street, Suite 1300  
Irvine, Ca 92614

Ph: (949) 623-7879  
Email: stirratm@dicksteinshapiro.com

Sincerely,

A handwritten signature in black ink, appearing to be 'John Shih'.

John Shih  
Bus. Dev. & Manager Patent Prosecution  
john.shih@ucop.edu

JXS:vc

cc: Director Andrikos, OTA, UCI  
Mark Stirrat, Esq.  
Kenneth Roberts, Esq.  
Sr. Patent & Licensing Officer Viray, OTA, UCI  
Sr. Licensing Officer Crawford, OTA, UCI